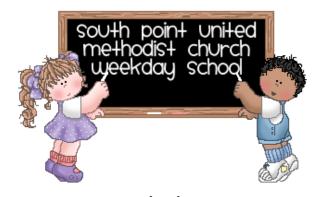
SPUMC Weekday School Registration Packet

Section C



Includes: Medical Information Form Individualized Care Plan (ICP)

REV 1-2025

MUST BE RETURNED BEFORE THE START OF SCHOOL (Part A must be completed and *signed* by the examining physician)

Name							
INAIII	e or crilla	first	middle		last		
Birth	date						
Date	of most rece	nt check-up					
1.		nild enjoy good he		-			
2.	If no, explain Does this child demonstrate normal motor and mental development?						
3.	If no, explain Should this child have any physical restrictions?						
	If yes, explainShould this child be on any dietary restrictions?						
	5. Does this child have any known allergies or intolerances to food, medication, or animals? If yes, explain						
	5. Does this child have any medical conditions SPUMC Weekday School needs to be aware of?						
7.	If yes, explain						
	If yes, expla	ain					
SEE II	NDIVIDUAL (CARE PLAN-NEXT	PAGE				
Pleas	e complete v	vaccine dates belo	w or attach info	rmation	,		
	VACCINE	#1	#2	#3	#4	#5	
DTP/							
Polio							
HiB							
	titis B						
MMF	₹						
Chick	en Pox						
Prevr	nar						
Othe	r						
Pnysi	ician's Signa	ture			Date		
Part	_	Part B must be	completed ar	nd signed by	the parent)		
		t b : :	. ماد مدم اممانین	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
-	•	as not been immu religious	•	reason and pro	ovide walver.		
	 nt's Signature				Data		
rarei	it s signature	.			Date		

SPUMC Weekday School INDIVIDUALIZED CARE PLAN (ICP)

Please have your child's physician provide an Individualized Care Plan if your child has special health care needs. This plan must be signed and dated by the physician. A new plan must be provided at the beginning of each school year.

This includes, but is not limited to:

Use of medication while at school such as:

- Asthma medication
- EpiPen

Food allergies or intolerances such as:

- Nuts
- Peanut butter
- Milk
- Wheat

Physical or emotional needs such as:

- Delayed speech
- Physical handicap

This ICP helps protect your child while attending SPUMC Weekday School from coming in contact with foods that he/she may be allergic to. It also helps the staff at SPUMC Weekday School provide the best possible care for your child should they have special needs.

ا give SPUMC Weekday School	permission to post information about r	ny child's food allergy in
the classroom and Weekday Sch	nool office.	
Child's Name	Parent's Signature	Date